

# Governing Body meeting in public

Tuesday, 15 May 2018, 2.30-4.45pm

Museum of Brands, 111-117 Lancaster Rd, London W11  
1QT

## Minutes

### Present

Name	Role/ organisation	Initials
Dr Andrew Steeden	GP member, acting Chair	AS
Rob Larkman	Chief Officer	RL
Dr Oisín Brannick	GP member, clinical lead for North Kensington Recovery, clinical lead for patient & public engagement	OB
Neil Ferrelly	Chief Financial Officer	NF
Yvonne Fraser	Practice Manager/ Nurse representative, joint chair of Transformation Board	YF
Dr Jane Hawdon	Secondary Care Consultant	JH
Dr Naomi Katz	GP member, Vice Chair (job share), clinical lead for Primary Care	NK
Louise Proctor	Managing Director	LP
Dr Puvana Rajakulendran	GP member	PR
Sonia Richardson	Patient representative	SR
Karen Rydings	Practice Manager/ Nurse representative	KR
Pippa Street	Deputy Director of Nursing, Quality & Patient Safety	PS
Ben Westmancott	Director of Compliance	BW
Philip Young	Lay member	PY

### In attendance

Name	Role/ organisation	Initials
Kerry Doyle	Head of Corporate Services (minutes)	KD
Neil Hales	Associate Director of Commissioning for Planned & Unplanned Care	NH
Simon Hope	Deputy Managing Director	SH
Jayne Liddle	Associate Director, Whole Systems	JL
David Matthews	Interim Head of Finance and Planning	DM
Michael Roach	Assistant Director for Quality Improvement and Clinical Assurance	MR

### Apologies

Name	Role/ organisation	Initials
Dr Rachael Garner	GP member and Vice Chair (job share)	RG
Mary Mullix	Director of Nursing, Quality & Patient Safety	MM

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Victoria Stark	Lay member	VS
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Item	Action
<b>1</b>	<b>Introduction</b>
1.1	<u>Welcome and apologies</u> The Chair welcomed members and attendees to the meeting. The Governing Body welcomed Rob Larkman, acting Chief Officer. The apologies were noted as above.
1.2	<u>Declarations of Interest</u> There were no further declarations of interest.
<b>2</b>	<b>Minutes of the previous meeting</b>
2.1	<u>Minutes of the meeting held on 20 March 2018</u> The minutes were agreed to be an accurate record of the meeting, subject to adding the Director of Compliance to the list of members present.
2.2	<u>Action log</u> The Governing Body reviewed the action log.
2.3	<u>Matters arising</u> There were no matters arising.
<b>3</b>	<b>Reports from the Chair and the Chief Officer</b>
3.1	<u>Chair</u> The acting Chair gave a verbal update to the Governing Body. The following items were discussed: <u>Half Penny Steps Walk-in service</u> <ul style="list-style-type: none"><li>- West London CCG had invested in extended hours access for Primary Care before the contract for the walk-in service was not renewed;</li><li>- The service closed 23 March; colleagues from third sector organisations were on site to help people find alternative services, and support people not registered with a GP to do so.</li></ul> <u>Mental Health</u> <ul style="list-style-type: none"><li>- Mental Health Awareness Week started 14 May, and the focus was on stress;</li><li>- In April, the CCG's Yoga4Health programme began, to which people can refer themselves or be referred by their GP.</li></ul> <u>St Charles integrated care</u> <ul style="list-style-type: none"><li>- Prime Minister Narendra Modi and The Prince of Wales jointly inaugurated the Ayush Centre at Saint Charles Hospital;</li><li>- The Centre will be providing ayurvedic therapies, homeopathy, naturopathy and therapeutic</li></ul>

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<p>yoga for local patients following their referral by GPs;</p> <ul style="list-style-type: none"><li>- Clinicians and staff from the CCG were at the event;</li><li>- Westminster University would be evaluating the service.</li></ul> <p>Finally, the acting Chair thanked the Governing Body and the management team for their support.</p> <p>The Governing Body noted the update.</p>	
<p>3.2 <u>Chief Officer</u></p> <p>The Chief Officer presented the report, which highlighted achievements across North West London CCGs since the last Governing Body meeting.</p> <p>The following topics were discussed:</p> <p><u>Sustainability and Transformation Plan</u></p> <ul style="list-style-type: none"><li>- The Joint Health and Care Transformation Group was bringing together Sustainability and Transformation Plan leaders across North West London;</li></ul> <p><u>Delivery Area 2) Better care for people with long term conditions: Improving Access to Psychological Therapy (IAPT)</u></p> <ul style="list-style-type: none"><li>- All eight CCGs in North West London had a compliant plan;</li><li>- Engagement work between mental and physical health practitioners has begun to yield good results;</li><li>- Between January and March 2018, 335 people entered treatment against a target of 280.</li></ul> <p><u>Delivery Area 5) Safe, High Quality Sustainable Acute Services</u></p> <ul style="list-style-type: none"><li>- Capital Business Case: Strategic Outline Case 1 was in the latter stages of approval, a response to the latest assurance request was submitted to NHS Improvement in early 2018;</li><li>- The Governing Body considered how to demonstrate how hubs would make savings in the longer term.</li></ul> <p><u>Quality and Patient Safety</u></p> <ul style="list-style-type: none"><li>- West London: all the CCG's contracted nursing homes have Care Quality Commission rating of 'good' overall.</li></ul> <p><u>General Data Protection Regulation (GDPR)</u></p> <ul style="list-style-type: none"><li>- NWL CCGs appointed a Data Protection Officer, and work was progressing to achieve GDPR compliance by 25 May 2018;</li><li>- Advice had been circulated to all practices and a pack, including fair processing notices, was being developed to support practices with their work to achieve compliance.</li></ul>	

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<b>4</b>	<b>Achieving strategic objectives</b>
4.1	<p><u>North Kensington Recovery: progress report</u></p> <p>The clinical lead for North Kensington Recovery presented the report, which outlined progress since the last Governing Body meeting.</p> <p>The Governing Body discussed the following:</p> <ul style="list-style-type: none"><li>- The CCG was working with the public inquiry team, and the inquiry was due to start the following week;</li><li>- Central &amp; North West London NHS Foundation Trust and Hestia would be providing trauma support to residents attending the public inquiry;</li><li>- Work was underway in preparation for the one year anniversary of the fire , including supporting the community at a vigil;</li><li>- The CCG was developing a recovery health plan, which would take into account lessons learned over the first year, and the changing needs of the community over time;</li><li>- NHS England had given the CCG £8.9m funding for 2017/18 to cover the services commissioned in the response and recovery, as well as the work to lead the system response;</li><li>- Daily BBC Radio 4 podcasts on the inquiry would be available.</li></ul> <p>The Governing Body thanked the team for their work, and noted the update on the response of West London Clinical Commissioning Group and Royal Borough of Kensington and Chelsea working with the NHS, third sector and other relevant partners in the community.</p>
4.2	<p><u>Primary Care Networks</u></p> <p>The Deputy Managing Director gave a verbal update on practices' progress in developing networks to bring together health and social care professionals to provide enhanced personalised and preventative care for their communities.</p> <p>The following areas were discussed:</p> <ul style="list-style-type: none"><li>- Networks for populations of 30,000-50,000;</li><li>- Practices were forming groups, and the team was working to support them with shaping how they would like to progress;</li><li>- The aim was to achieve 100% population coverage.</li></ul> <p>The Governing Body noted the update.</p>
4.3	<p><u>North West London CCGs' joint financial strategy 2018/19</u></p> <p>The Chief Financial Officer presented the strategy, which provided an update on work to support implementation of the clinical strategies spanning North West London, which include five key elements:</p> <ol style="list-style-type: none"><li>1) Continuing to fund strategic elements of provider transformation;</li><li>2) Risk share</li></ol>

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<p>3) Shared teams;</p> <p>4) Setting QIPP targets and individual control totals;</p> <p>5) Creating an investment resource to enable the consistent delivery of agreed standards and services.</p> <p>The Governing Body discussed the following:</p> <ul style="list-style-type: none"><li>- The eight North West London CCGs' collective responsibility for delivery of the sector control total, and need to have a single risk share mechanism</li><li>- Existing loans agreed as part of CWHHE / BHH risk share arrangements would continue to be repaid as agreed between CCGs;</li><li>- CCGs using the NWL financial strategy for provider expenditure relating to transformation, and supporting the reduction in variation and fragmentation, eg <i>Shaping a Healthier Future</i>;</li><li>- Expected developments in 2018/19, including developing outline business cases and other transitional costs once SOC1 was approved, and to ensure that providers were able to deliver safe high quality services while addressing their financial challenges;</li><li>- Three CCGs had underlying financial deficits, needing to return to financial balance in 2018/19;</li><li>- Three CCGs were significantly over capitation, and received minimum uplifts; four CCGs had been historically funded at below capitation;</li><li>- How CCGs could use drawdown from NHS England in future years.</li></ul> <p>The Governing Body approved the proposals as follows:</p> <p><u>Recommendation 1</u></p> <ul style="list-style-type: none"><li>- Agreed that there was a need for a financial strategy across the eight CCGs covering the financial years 2018/19 – 2021/22;</li><li>- Confirmed support for the objectives and principles set out;</li><li>- Confirmed that all CCGs should contribute to the strategy equally, based on a percentage contribution of their resource limit.</li></ul> <p><u>Recommendation 2</u></p> <ul style="list-style-type: none"><li>- Agreed that the financial strategy should contain the five elements set out above.</li></ul> <p><u>Recommendation 3</u></p> <ul style="list-style-type: none"><li>- Agreed that the Strategy &amp; Transformation staff and associated budget should move from the non-recurrent financial strategy and be treated in the same way as other staff;</li><li>- Agreed that this should happen alongside the work to review staffing structures to support the single Accountable Officer, which had previously been agreed.</li></ul>	

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<p><u>Recommendation 4</u></p> <ul style="list-style-type: none"><li>- Agreed that it had a responsibility to set a control total for the CCG that was deliverable in its own right, and which facilitated the overall delivery of the sector control total through ensuring that all individual CCG control totals were deliverable;</li><li>- Agreed that the four step process described under 4 above should be used to agree the sector control total with NHSE and to agree the split of that control total between the 8 CCGs</li><li>- Agreed that where minimum and maximum QIPP targets were applied, the increased benefit should remain with those CCGs who stretch their QIPP targets by setting higher control totals which could then be drawn down in future years, not by transferring funding from one CCG to another.</li></ul> <p><u>Recommendation 5</u></p> <ul style="list-style-type: none"><li>- Agreed that cross subsidies should be identified and phased out using appropriate trajectories.</li></ul> <p><u>Recommendation 6</u></p> <ul style="list-style-type: none"><li>- Agreed the application of the 2018/19 financial strategy based on the attached paper.</li></ul> <p><u>Recommendation 7</u></p> <ul style="list-style-type: none"><li>- Agreed to establish a NWL finance committee with the remit to:<ul style="list-style-type: none"><li>• Hold individual CCGs accountable to each other for the delivery of the sector control total and the objectives set out in this strategy;</li><li>• Provide clear reporting about the differing elements of the strategy;</li><li>• Oversee and approve the application of the risk share set out in section 2;</li><li>• Recommend to the joint committee how the investment fund should be spent, based on detailed review of proposed business cases.</li></ul></li></ul>	
4.4	<p><u>West London CCG: 2018/19 financial and operating plan, and objectives</u></p> <p>The Interim Head of Finance and Planning presented the paper, which outlined the CCG's plans for 2018/19.</p> <p>The following areas were considered:</p> <ul style="list-style-type: none"><li>- QIPP savings of 3.8% in West London CCG;</li><li>- Reduced financial contribution to North West London Strategy &amp; Transformation budget;</li><li>- Key priority was to reduce referral to treatment (RTT) backlog at Imperial College Healthcare;</li><li>- Health checks for residents with learning disabilities would be a priority for practices;</li><li>- Allocating clinical and management leads to each objective;</li><li>- Potential for including children's services in the Multi-specialty Community Provider.</li></ul> <p>The Governing Body reviewed the CCG Corporate Objectives linked to the new North West London</p>

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focus areas.	
<b>5</b>	<b>Assurance and finance reports</b>
5.1	<p><u>Transformation Board</u></p> <p>The joint chair of Transformation Board presented the update, which highlighted the following achievements:</p> <p><u>My Care My Way Anticipatory Care Plans</u></p> <ul style="list-style-type: none"><li>- Part of planned care and chronic disease management, providing person-centred approach;</li><li>- Developed with GPs, clinicians, and patients;</li><li>- Would be available via SystemOne, and linked to Community Living Well;</li><li>- Currently West London CCG focused, but could be considered for use across North West London;</li><li>- Transformation Board had endorsed the content and format of the Anticipatory Care Plans.</li></ul> <p><u>Future commissioning of GPs in Rapid Response Team (CNWL Community Independence Service)</u></p> <p>Options for commissioning of GPs in Rapid Response Team within the Community Independence Service were presented, as the current contract ends 31 July 2018:</p> <ul style="list-style-type: none"><li>- Clinical support for Rapid Response Team considered;</li><li>- Matching workforce to clinical need/ complexity discussed;</li><li>- Alignment with geriatrician role discussed;</li><li>- The Transformation Board agreed commissioning options (pending Finance &amp; Activity Committee scrutiny).</li></ul> <p>The Governing Body noted the report.</p>
5.2	<p><u>Patient and Public Engagement Committee</u></p> <p>The clinical lead for patient &amp; public engagement presented the report, which included the following:</p> <p><u>Diabetes Prevention Event</u></p> <ul style="list-style-type: none"><li>- An event was held focusing on providing advice and support to those directly affected by the fire, some of whom lived in hotels or temporary accommodation, and may be finding it difficult to maintain a healthy lifestyle;</li><li>- The event was supported by the North West London Diabetes Prevention Team and Healthy Hearts promoted resources available from the NHS to help those who are at risk of developing diabetes as well as those who are living with it.</li></ul> <p><u>North Kensington Multi Agency Forum</u></p> <ul style="list-style-type: none"><li>- The forum had met twice since the last Governing Body meeting, and discussed a range of topics, including:<ul style="list-style-type: none"><li>• The emerging new model of care;</li></ul></li></ul>

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<ul style="list-style-type: none"> <li>• A call for members to join a new communications focus group;</li> <li>• The ongoing Health Needs Assessment led by Public Health;</li> <li>• The BME Community Research Project;</li> <li>• Planning for the forthcoming Grenfell Tower fire one year anniversary and the forthcoming public inquiry.</li> </ul> <p>The Governing Body noted the report.</p>	
<p>5.3 <u>Commissioning Learning Sets</u></p> <p>The clinical lead for Primary Care presented the update on work with practices since the last Governing Body meeting:</p> <ul style="list-style-type: none"> <li>- Updated Diabetes guidelines presented, with focus on areas practices needed to target, the Diabetes Practice Dashboard Tool and the Know Diabetes Self Care Patient Portal;</li> <li>- National mandate for all practices to refer to acute hospitals via electronic referral system (e-RS) from August 2018, comments and suggestions from practices were taken on board. Data on e-RS usage and contact information were shared.</li> </ul> <p>The Governing Body noted the report, and progress made with:</p> <ul style="list-style-type: none"> <li>- Diabetes Update;</li> <li>- Electronic Referral System (e-RS);</li> <li>- CLS Audits for Urgent Care Centre (UCC) and A&amp;E attendances;</li> <li>- Integrated Community Team Update;</li> <li>- Patient Experience;</li> <li>- Non Elective Admissions and Referral Standardisation Update;</li> <li>- Whole System Integrated Care Dashboard Update;</li> <li>- QIPP Update;</li> <li>- GP Federation Update.</li> </ul>	
<p>5.4 <u>Quality &amp; Performance Committee (+ month 11 performance &amp; quality report and acute scorecards)</u></p> <p>The Assistant Director for Quality Improvement and Clinical Assurance presented the report, which summarised the Committee's work over the past two months.</p> <p>The Governing Body was advised that:</p> <ul style="list-style-type: none"> <li>- West London CCG was contributing to the development of Chelsea &amp; Westminster Hospital NHS Foundation Trust's Quality Account;</li> <li>- Chelsea and Westminster Hospital NHS Foundation Trust's ratings by the Care Quality Commission (Good) and by the NHS Improvement (Outstanding);</li> <li>- An external review of the LCW Media Incident inspection had concluded that there was no patient harm and no significant failings identified. It acknowledged that there were some care and service delivery issues, and that recruitment processes and pre-employment checks could</li> </ul>	

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	<p>be improved. The Governing Body recognised that there had been a negative impact on recruitment and retention as a result of the incident.</p> <p>The Governing Body noted the report, and noted Chelsea &amp; Westminster Hospital NHS Foundation Trust's achievements.</p>
5.5	<p><u>Finance &amp; Activity Committee</u></p> <p>The Interim Head of Finance and Planning presented the report, which outlined the Committee's work since the last Governing Body meeting.</p> <p>The following areas were discussed:</p> <ul style="list-style-type: none"> <li>- QIPP was at 85% year to date delivery (98% for local schemes) for 2017/18;</li> <li>- Advice had been sought from auditors regarding inter-authority transfers, and the CCG had proceeded based on this advice.</li> </ul> <p>The Governing Body noted the report.</p>
5.6	<p><u>Operational Group</u></p> <p>The Managing Director presented the report, which highlighted the group's work.</p> <p>Key areas of focused included:</p> <p><u>Eliminating unwarranted variation and improving long-term condition management/ Ensuring we have safe, high quality sustainable services</u></p> <ul style="list-style-type: none"> <li>- Contributing to the development of Primary Care Homes, including Development Plan Stage 1, key objectives for Year 1, and the delivery framework;</li> <li>- Approving proposals for the CCG's Extended Hours Spoke service;</li> </ul> <p><u>Ensuring the system has the capacity and capability to deliver (workforce, OD, IT primary care etc)</u></p> <ul style="list-style-type: none"> <li>- Reviewing and approving the North West London Primary Care Workforce strategy;</li> <li>- Supporting the development of the CCG's Commissioning Learning Sets Plan 2018/19;</li> <li>- Reviewing proposals for Primary Care Networks, including member communications, geographical alignment, organisational development, and links to the integrated care;</li> <li>- Joint working in North West London.</li> </ul> <p>The Governing Body noted the report.</p>
5.7	<p><u>Board Assurance Framework 2018/19</u></p> <p>The Director of Compliance presented the framework, which identified risks for the nine areas of focus in the North West London Sustainability &amp; Transformation Plan.</p> <p>The Governing Body was advised that the framework aimed to support committees and staff in providing assurance to the eight Governing Bodies in North West London.</p> <p>The Governing Body:</p>

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<ul style="list-style-type: none"> <li>- Noted that CCGs had agreed strategic objectives, which have been broken down further into nine areas of focus. These had been used to identify the key risks to delivery;</li> <li>- Noted the risks described in this paper, which had been discussed at executive level and represented the latest agreed position of the key risks pending further consideration by the risk owners;</li> <li>- Noted that there would be opportunity for the Governing Body to consider the document at a seminar to consider the priorities and risks from a CCG perspective, and ensure that these were reflected appropriately;</li> <li>- Noted that CCGs were moving towards a shared Board Assurance Framework (BAF) for all North West London CCGs, supported by CCG-specific risk registers;</li> <li>- Noted that BAF entries would be reviewed by governance teams collectively in the Risk Management Working Group (being established) which included representation from CCGs and shared teams.</li> </ul>	
<p>5.8 <u>North West London CCGs month 12 finance report</u></p> <p>The Chief Financial Officer presented the report.</p> <p>The Governing Body was informed that:</p> <ul style="list-style-type: none"> <li>- CCGs' 2017/18 QIPP position equated to 77% of the plan, and the main reason for forecast adverse variance was slippage of NWL wide schemes and acute transformation QIPP;</li> <li>- Provider performance was 3.4% above plan, resulting in an in-year adverse variance of £64.3m; there had been significant spend outside the North West London sector;</li> <li>- 2017/18 deficit of £5.9m was mainly from the No Cheaper Stock Obtainable (NCSO) drugs and Harrow CCG financial position and North West London CCGs were collectively reporting an underlying position of £30m deficit.</li> </ul> <p>The Governing Body noted the report.</p>	
<p>5.9 <u>Emergency Preparedness, Resilience and Response annual report 2017/18</u></p> <p>The Deputy Director of Nursing, Quality &amp; Patient Safety presented the report, which outlined the CWHHE CCGs' activity in 2017/18 as category two responders under the Civil Contingencies Act 2004.</p> <p>The Governing Body discussed the following:</p> <ul style="list-style-type: none"> <li>- Incidents in North West London included: Westminster Bridge, Grenfell and Parsons Green;</li> <li>- CCGs were required to make an annual declaration with regarding compliance, and the report confirmed that both BHH and CWHHE CCGs had incident response plans in place, which were fully compliant with the NHS England Emergency Preparedness Framework 2015.</li> </ul> <p>The Governing Body ratified the approval of the Emergency Preparedness, Resilience and Response Annual Report 2017/18 by the CWHHE CCGs Quality &amp; Performance committee on 26 April 2018.</p>	
<p><b>6</b> <b>Questions from the public</b></p>	
<p>There were no questions.</p>	
<p><b>7</b> <b>Minutes of Committees of the Governing Body</b></p>	
<p>7.1 <u>Audit Committee, 19 October 2017</u></p>	
<p>The Governing Body noted the minutes.</p>	

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7.2 <u>CWHHE Investment Committee, 23 November 2017</u> The Governing Body noted the minutes.	
<b>8 Any other business</b>	
There was no other business.	
<b>11 Date of next meeting in public of the Governing Body</b>	
17 July 2018	
<b>12 Future meetings in public</b>	
18 September 2018	22 January 2019
6 November 2018 – tbc	19 March 2019 (tbc)

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